

each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 136
Registered No. 574

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 832 - Miami, Ariz.
City Miami No. 1015 Depot Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bruno Roman } If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Oct. 6 - 1934
Month Day Year

8. FATHER
Full name Ascencio Roman

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Chihuahua
(State or country) Mex.

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Guadalupe Roman

15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Santa Rita
(State or country) New Mex.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. 3 } (a) Born alive and now living 3
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. m. on the date above stated.
(Born alive or stillborn)

Signature Eyrie M. Brown M.D.
(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Oct. 15 30 Registrar E. E. Jones

295-1006-795